

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

44511  
STATE FILE NUMBER  
6073

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Branch</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Branch</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran</i>		d. STREET ADDRESS (If outside, give location) <i>19 days</i>	
3. NAME OF DECEASED (Type or print) First <i>Lillie</i> Middle <i>M.</i> Last <i>Moulder</i>		4. DATE OF DEATH Month <i>12</i> Day <i>21</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1/10/1906</i>
9. AGE (In years last birthday) <i>51</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (City and state or country) <i>Max Creek Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13a. FATHER'S NAME <i>Q. M. Degraffenreid</i>		13b. MOTHER'S MAIDEN NAME <i>Dora Parrack</i>	
14. NAME OF HUSBAND OR WIFE <i>Howard B. Moulder</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Husband</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest during chest surgery.</i> DUE TO (b) <i>anoxemia</i> DUE TO (c) <i>Carcinoma right lung</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Partial effusion right, resolved pneumonia Rt.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>4 weeks</i> <i>11.3 weeks</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>10:20 A.M.</i> Month, Day, Year <i>Dec. 21, 1957</i> a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>December 2, 1957</i> <i>Dec. 21, 1957</i> and last saw her alive on <i>December 21, 1957</i> Death occurred at <i>10:20 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. Comer Bates, M.D.</i> (Degree or title) <i>0</i>		22b. ADDRESS <i>329 Armour Road</i> <i>North Kansas City 16, Mo</i>	
22c. DATE SIGNED <i>12/24/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12/22/1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Barrack Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Buffalo, Missouri</i>	
24. FUNERAL DIRECTOR <i>Ralph Fulton, K.C.K.</i>		25. DATE RECD. BY LOCAL REG. <i>12-22-57</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

G. Comer Bates

G. C. Bates  
R. H. Hodge-

11-E Branscliff Rd

GI 2-0498

-329 Armour  
National Bank  
1 Block East



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.